

Traumatic Brain Injury Part 2: Signs and Symptoms of Traumatic Brain Injury

Post Training Evaluation

ID No # _____

Date: _____

Please take a moment to respond to the following questions as honestly and critically as you can. Any information you provide will be helpful in improving future training and will be kept in confidence by the trainers. **Thanks for your help.**

Please circle the ranking that best describes your opinion of the Training

The organization of the training was: (Presenter's skills and organization)	5 Excellent	4	3	2	1 Poor
The objectives for the training were:	Clear				Vague
The ideas and activities presented were:	Interesting				Dull
Information presented was:	Relevant, current				Not at all
The handouts / AV were:	Useful				Of no use
The coverage of the topic was:	Complete				Inadequate
Opportunity for involvement in activities/ interaction:	Excellent				Poor
My attendance at this training should prove to be:	Beneficial				No benefit
Overall Session Rating:	Excellent				Poor

Rank your Level of Understanding/Knowledge Related to the Following Areas

	Not at all	Somewhat	Mostly	A Great Deal
Knowledge of signs and symptoms of traumatic brain injury.				
Understand the importance of documenting blows to the head.				
Understand the importance of documenting health history of events that may cause injury to the brain.				

What did you like best about this training? _____

Do you feel you need more information on this topic? ☐ Yes ☐ No

If yes, in what area? _____

What could have been improved? _____

Other Comments: _____
